## PAST PERFORMANCE REPORT

Please complete this questionnaire. Handwritten responses are sufficient. If you need more space than that provided, please attach additional pages or write on the back. Responses will be treated as confidential and will be used only by source selection officials in evaluating the offeror's submitted documents for the contract.

Contractor/Subcontractor Name: Customer/Account Name: Address:				
Primary Point of Contact Name:	<u>Title</u> :	<u>Phone Number</u> :	Fax Number:	
Alternate Point of Contact Name:	<u>Title</u>	<u>Phone Number</u> :	Fax Number:	
Contract Summary:				
Period of Performance: Type and Scope of Services Provide Contract Value:  1. Did the contractor achieve the of     exceeded objectives     met objectives most of the tim     met objectives some of the tim     did not meet objectives     not applicable Comments:	bjectives of ne	the contract?		
2. Did the contractor meet the term  (	ime	itions of the contract?		
3. Did the contractor perform in a to	ime	ner?		

4. Was the contractor responsive to resolving problems (within the scope of the contract)?

## Attachment L-4

() exceeded expectations	
() met expectations most of the time () met expectations some of the time	
() did not meet expectations	
( ) not applicable	
Comments:	
5. Did the attitude of the contractor's staff:	
( ) exceed expectations	
meet expectations most of the time	
() meet expectations some of the time	
on not meet expectations	
() not applicable Comments:	
Comments:	
6. Did the knowledge, skills and abilities of the contractor's staff:	
( ) exceed expectations	
meet expectations most of the time	
( ) meet expectations some of the time	
not meet expectations	
() not applicable	
Comments:	
7. Were the customers satisfied?	
<ul><li> exceeded expectations</li><li> met expectations most of the time</li></ul>	
met expectations some of the time  met expectations some of the time	
() did not meet expectations	
not applicable	
Comments:	
8. Did the contractor deliver at the agreed to price? ()Yes ()No	
If no, why not?	
9. Would you do business with this contractor in the future? ()Yes ()No	
If no, why not?	

## Attachment L-4

10. Additional Comments.		
Signature of Reference	Title	Date